



City of Seattle

**Department of Planning and Development**

700 Fifth Ave, Suite 2000, P.O. Box 34019, Seattle, WA 98124-4019

**Phone:** (206) 684-8464 **Fax:** (206) 684-8113

**Website:** [www.seattle.gov/dpd](http://www.seattle.gov/dpd)

**Hours:** M,W,F: 7:30-5:30 T,Th: 10:30-5:30

**PERMIT APPLICATION**

**Refrigeration**

**Work Site Address:**

**Zip:**

**Work Activity Location** (floor, apt, suite, etc.):

**Occupancy:** **Single Family**

**Multi-Family**

**Commercial**

**Institutional**

**Industrial**

**Description of Work:**

Owner	Tenant	Seattle Refrigeration Contractor License #:	
<b>Name:</b>		<b>City of Seattle Bus Lic#:</b>	
<b>Phone: (        )</b>		<b>Name:</b>	
<b>Fax: (        )</b>		<b>Phone: (        )</b>	
<b>Address:</b>	<b>Apt/Ste:</b>	<b>Address:</b>	<b>Apt/Ste:</b>
<b>City/State:</b>	<b>Zip:</b>	<b>City/State:</b>	<b>Zip:</b>

NOTE: All components external to the building must comply with Seattle Noise Ordinances SMC 25.08.410 and 25.08.420; reference information at: [www.seattle.gov/dpd](http://www.seattle.gov/dpd)

**New Installations:**

0 to 5 Horsepower	
6 to 25 Horsepower	
26 to 100 Horsepower	
101 to 500 Horsepower	
Over 500 Horsepower	

**NOTE:** Per section 122 of the IMC; Systems over 50 H/P require a City of Seattle Refrigeration Operating Permit when applicable.

**Alterations or Repairs:**

**Value of Work: \$**

**Temporary Use:**

**Number of Temporary Installations:**

**Dates of Use:**

From:

To:

The City of Seattle Mechanical Code requires all individuals or entities engaged in the installation of refrigeration equipment to have a valid City of Seattle Refrigeration Contractor License.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

**Signature:**

**Date of Application:**

Contractor or Owner (or Authorized Agent)

**PAYMENT & MAILING INSTRUCTIONS:**

- ☐ Pay by Check **Mail checks to:** DPD, P.O. Box 34234, Seattle, WA 98124-1234
- ☐ Charge my escrow (ADA) account # \_\_\_\_\_
- ☐ Call me at (\_\_\_\_\_) \_\_\_\_\_ for a credit card number

NOTE: Permit application requests & any request to make changes to a permit that i working days from the date we receive them.

Revised: January 2010

**DPD USE ONLY:**

Permit #:

Permit Fee:

**Choose one of the following options:**    ☐ Mail Permit    ☐ Mail & Fax Permit  
☐ Hold Permit for Pick-Up    ☐ Mail & Email Permit to: \_\_\_\_\_

NOTE: Permit application requests & any request to make changes to a permit that is received via fax or email are processed within 2 working days from the date we receive them.

Revised: January 2010